

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	18/08/2022 16:30 (SGT)
Reported by	Both
Date of Accident	17/08/2022 18:18 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	TWDS KOVAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8018K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOKE WEI LI
NRIC No	S8021030B
Email Address	CHUENCHIE@GMAIL.COM
Mobile Phone No	(Phone) +65-94377193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01014633

DRIVER

Name of Driver	TAN CHUEN CHIE
NRIC No	S8018784Z
Date Of Birth	01/10/1980
Occupation	Indoor

Date Of Driving Pass	23/11/1999
Driving experience	22 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97377193
Alt. Phone Number	-
Email Address	CHUENCHIE@GMAIL.COM
Address	BLK 273A BISHAN ST 24 #05-102
Address complement	-
Postcode	571273
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LOKE WEI LI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG TAMPINES ROAD TOWARDS KOVAN ON LANE 3 GOING STRAIGHT. SUDDENLY, ON MY RIGHT, VEHICLE (SMN9632P) ILLEGAL U-TURN AND HIT TO MY BACK. HE SUPPOSED TO BE TURN RIGHT ONLY TOWARDS HOUGANG AVE 7.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT AVAILABLE. WITH TP WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN9632P
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

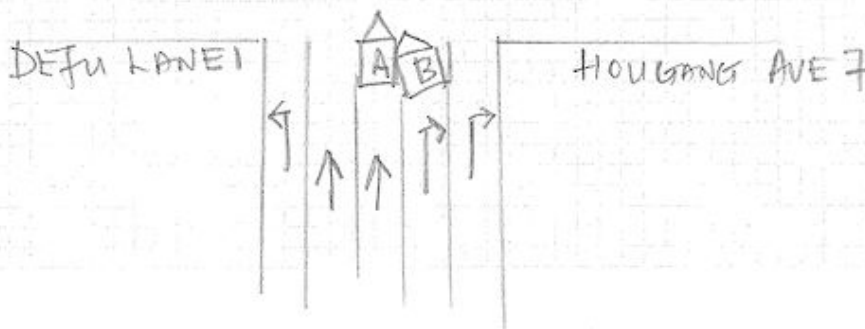
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Mindy
Policyholder's Signature / Date & Time

Ali
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

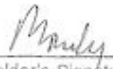


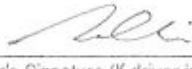
Describe Circumstances of the Accident

I WAS DRIVING ALONG TAMPINES ROAD TOWARDS KOVAN ON LANE 3 GO STRAIGHT. SUDDENLY ON MY RIGHT VEHICLE NO. SMN 9632P ILLEGAL TURN OUT & HIT TO MY BACK. HE SUPPOSE TO BE TURN RIGHT ONLY TOWARDS HOUGANG AVE 7.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel









11:17



Done D21MTPV01014633-CO...



Sompo Insurance Singapore Pte. Ltd.

100, ROBINSON ROAD, #10-01
 Singapore 068902
 Tel: 65471561 Fax: 65471552 Email: info@sompo.sg
 The Hong Kong Insurance Society Ltd. Reg. No. MC000046

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 155)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. D21MTPV01014633
 Insured LONE WEI LI
 Motor Vehicle (Registration No.) 5MKS016K
 Coverage Comprehensive - ExcelDrive PRESTIGE
 Policy Commencement Date 30 OCTOBER 2021 00:00
 Policy Expiry Date 29 OCTOBER 2022 23:59
 Maximum Liability (Section I) Market value at time of loss
 Excess* \$700 - Section I
 Voluntary Excess* N/A
 Windscreen Excess* S\$100.00 for each and every applicable claim
 * Subject to GST wherever applicable

Persons or Classes of Persons, entitled to drive*

- The Insured
- Any other person who is driving on the Insured's order or with his permission
- In the event of the death of the Insured:
 - any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured

Provided that the person driving is permitted as accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, liability for the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops; otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

FOR THESE CERTIFICATE and policy to which this Certificate is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 155) and the Road Traffic Act (Chapter 276) and the Policy, conditions and coverages are as set out in the Policy (D21MTPV01014633).

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue: 12 OCTOBER 2021 16:59

IMPORTANT NOTICE

- Read the Certificate and Motor Vehicle
- Under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 155), if a motorist is involved in an accident, he/she must report the accident to the nearest police station and file a police report.
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Emergency Code & Name: 11655555 & DMS AGENCY : G1 Code: 22A FADSBVZ JMMHMAN

